

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

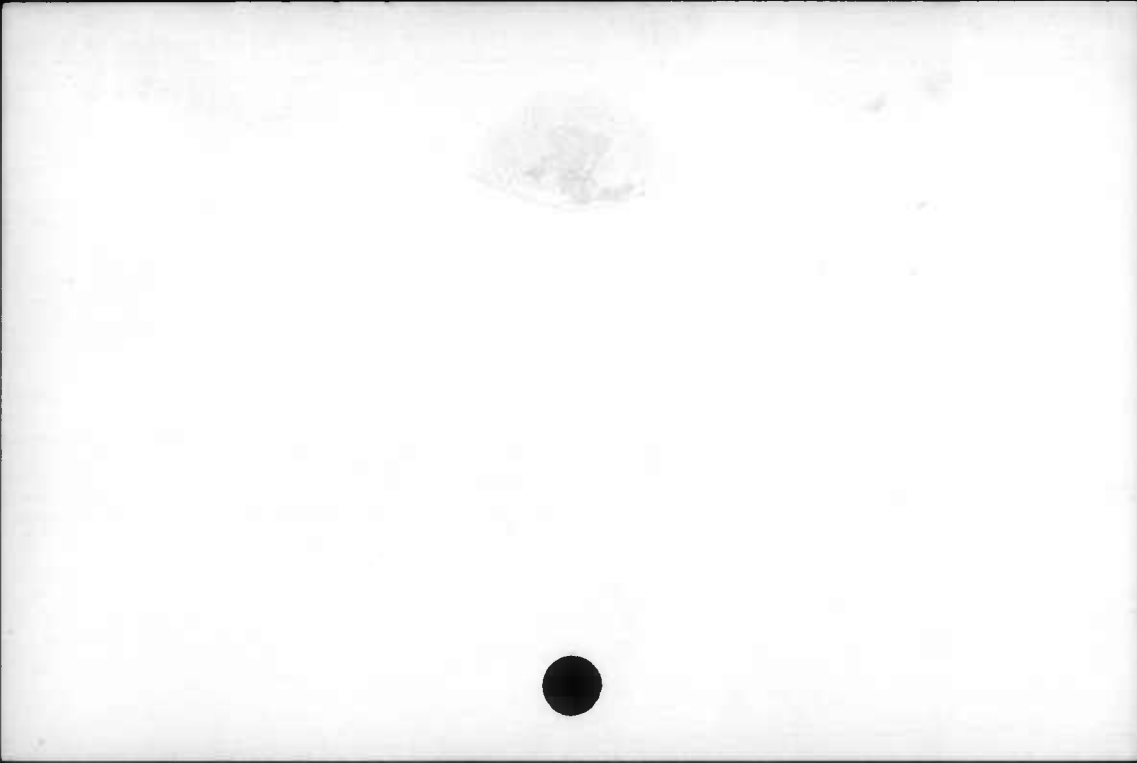
Died at		Town Gibbs Falls		County Montgomery		MARYLAND	
Date of death	1904	Month Dec	Day 25	Age	42	Years	Months
Sex	Female	Color or Race	White	Birth- place	Montg' Co. Md.		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband Joseph E. Bissell			
Father's Name	Thomas Sullivan			Father's Birthplace Del.			
Mother's Maiden Name	Elizabeth Hawley			Mother's Birthplace D.C.			
Name of person giving Information	Joseph E. Bissell			How related to deceased Husband.			

## CAUSES OF DEATH

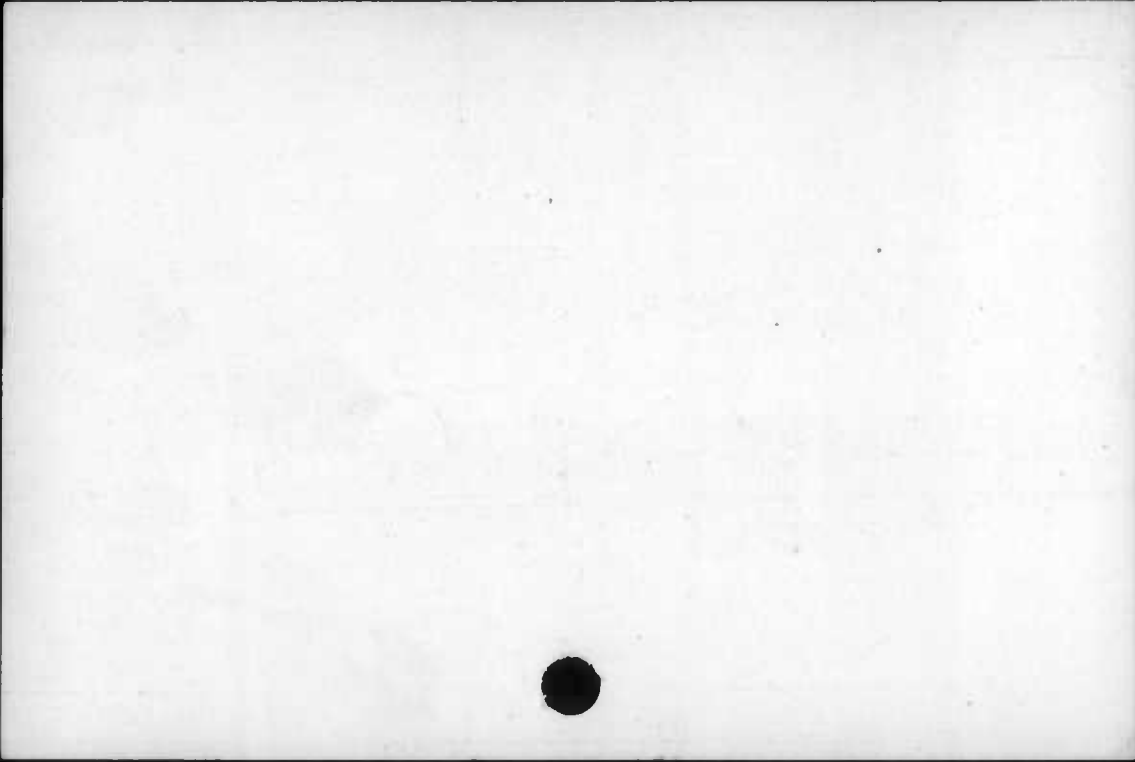
167

PHYSICIAN  
OR CORONER

Primary	Burns	House burned down -	How long	Unknown
Immediate	Burns	body was practically incinerated	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician H. J. Pratt	
Accident or Suicide		Accident	Address Geo. Bell, Coroner Rockville, Md. 'RFD #2	



Name in Full		Howard Bond				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Brighton		County Montgomery		MARYLAND	
	Date of death		1908	Month Dec.	Day 2	Age	Years	Months
							Days 2 hours	
	Sex Male		Color or Race Colored		Birth-place		Montg. Co. Md.	
	Occupation None		Where Residing if not at place of death					
	Married, Single or Widowed Single		Name of Wife or Husband None					
	Father's Name Lewis Bond		Birth-place		Father's Birthplace Howard Co			
	Mother's Maiden Name Rachel Ann Giles		Birth-place		Mother's Birthplace Balt. Co. Md.			
Name of person giving information Lewis Bond		How related to deceased		Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Premature		How long		1571	
	Immediate		Asthma		How long		Two hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. Farguhar, M.D.	
					Address		Olney, Md.	
Accident or Suicide?								



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

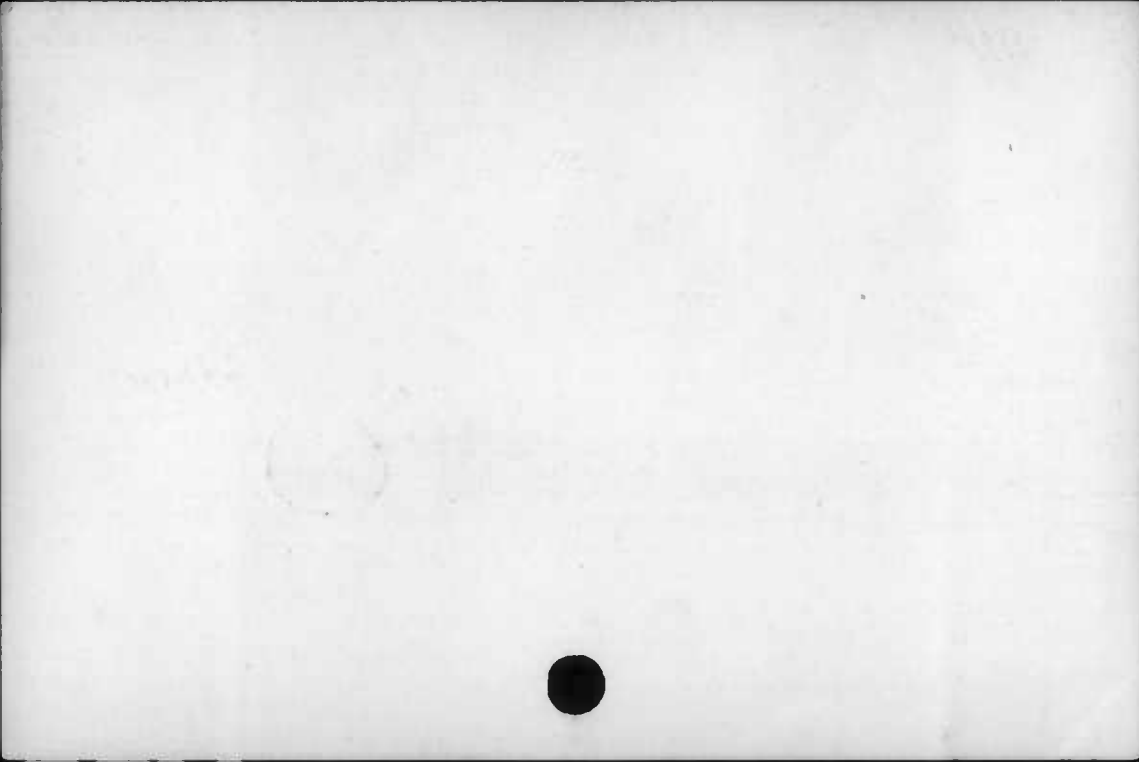
Died at		Town <i>Rockville</i>		County <i>Montg.</i>		State <b>MARYLAND</b>	
Date of death	1908	Month <i>Dec</i>	Day <i>28</i>	Age <i>27</i>	Years <i>✓</i>	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth- place <i>Ind</i>			
Occupation <i>farm laborer</i>				Where Residing if not at place of death <i>Ind</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Viola Brown Carter</i>					
Father's Name <i>Ernest Carter</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Jane O'Leary</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Viola Carter</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. A. Henderson</i>	
Address		<i>Rockville Ind</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

Alex Corn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Germantown</u> <u>Montgomery</u> County		MARYLAND									
Date of death	1908	Month	Dec	Day	29	Years	31	Months	—	Days	—
Sex	Male		Color or Race	Colored		Birth-place	Germantown				
Occupation	Carpenter			Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband	Sophia Corn							
Father's Name	Sandy Corn					Father's Birthplace	Germantown				
Mother's Maiden Name	Harriet Hamilton					Mother's Birthplace	Germantown				
Name of person giving information	Frank Corn					How related to deceased	Brother				

## CAUSES OF DEATH

94

PHYSICIAN  
OR CORONER

Primary	Pleurisy With effusion	How long	7 Weeks
Immediate	Endocarditis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. C. Etchison
		Address	Gaithersburg Md.
Accident or Suicide?			

Sube Leigh Bay 1 May  
Swage Bay  
Celandulay  
May 12  
May 13



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Vicary Chevy Chase* <sup>Town</sup> *Mont Co* <sup>County</sup>Date of death *1908* <sup>Month</sup> *Dec* <sup>Day</sup> *17* <sup>Year</sup> *—* <sup>Month</sup> *—* <sup>Days</sup> *15 Hours*Sex *Female* Color or Race *White* Birth-place *Wiles St Chevy Chase*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Judge Wm H. DeLucy* Father's Birthplace *B.C.*Mother's Maiden Name *Kate Charles* Mother's Birthplace *B.C.*Name of person giving information *Miss Quenia Compton* How related to deceased *Niece*

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONERPrimary *cardiac. Patent Foramen Ovale* How long *Few Hours*Immediate *Patent Foramen Ovale* How long *15 Hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James D. Morgan M.D.*Address *Chevy Chase Md*

Accident or Suicide?



Name  
in  
Full

Virginia Dodge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Wharton		County Montgomery		MARYLAND	
Date of death		1908	Month Dec	Day 14	Age 48	Years —	Months —
Sex Female		Color or Race white		Birth-place Md.			
Occupation None		Where Residing if not at place of death Same					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Dont Know		Father's Birthplace Dont Know					
Mother's Maiden Name Dont Know		Mother's Birthplace Dont Know					
Name of person giving Information Physician		How related to deceased not at all					

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary Carcinoma of Breast		How long 4 years	
Immediate Exhaustion due to drain on system		How long —	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician H. H. H. D.	
Accident or Suicide —		Address 1645 13th St. N.W. Washington, D.C.	

Dr W<sup>m</sup> L Lewis

Kingsbury

MA

Name  
In  
Full

CERTIFICATE OF DEATH

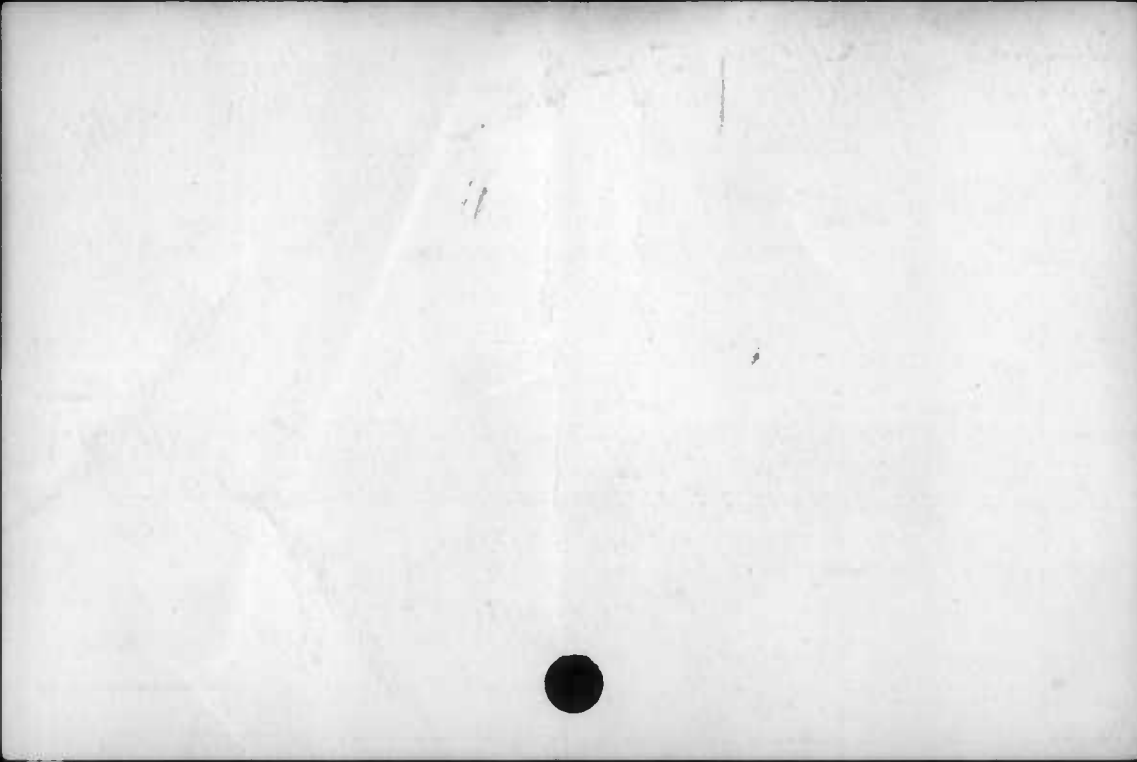
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Dec	30	25	6	7	
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Painter		Same					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Capt. J. R. Russell		Md					
Mother's Maiden Name		Mother's Birthplace					
Korea A. Price		Md					
Name of person giving information		How related to deceased					
H. R. Russell		Father					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	16 days
Immediate	Stomach hemorrhage	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Eugene J. [illegible]	
Address		[illegible]	
Accident or Suicide?		[illegible]	
no		[illegible]	



Name  
in  
Full

Eugene William Frasier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Gaithersburg <sup>County</sup> Montgomery <sup>State</sup> MARYLAND  
Date of death 1908 Dec 26 Age 1 Months 4 Days  
Sex Male Color or Race Colored Birth-place Gaithersburg  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Isaac Frasier Father's Birthplace Maryland  
Mother's Maiden Name Mammie Mules Mother's Birthplace Maryland  
Name of person giving information Isaac Frasier How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Exhaustion How long 2 Days  
Immediate Exhaustion How long 1 hour  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician E. C. Etchison  
Address Gaithersburg Md  
Accident or Suicide?





Name  
in  
Full

Mary A. Kingdon

## CERTIFICATE OF DEATH

Died at Rockville <sup>Town</sup> Montgomery <sup>County</sup>

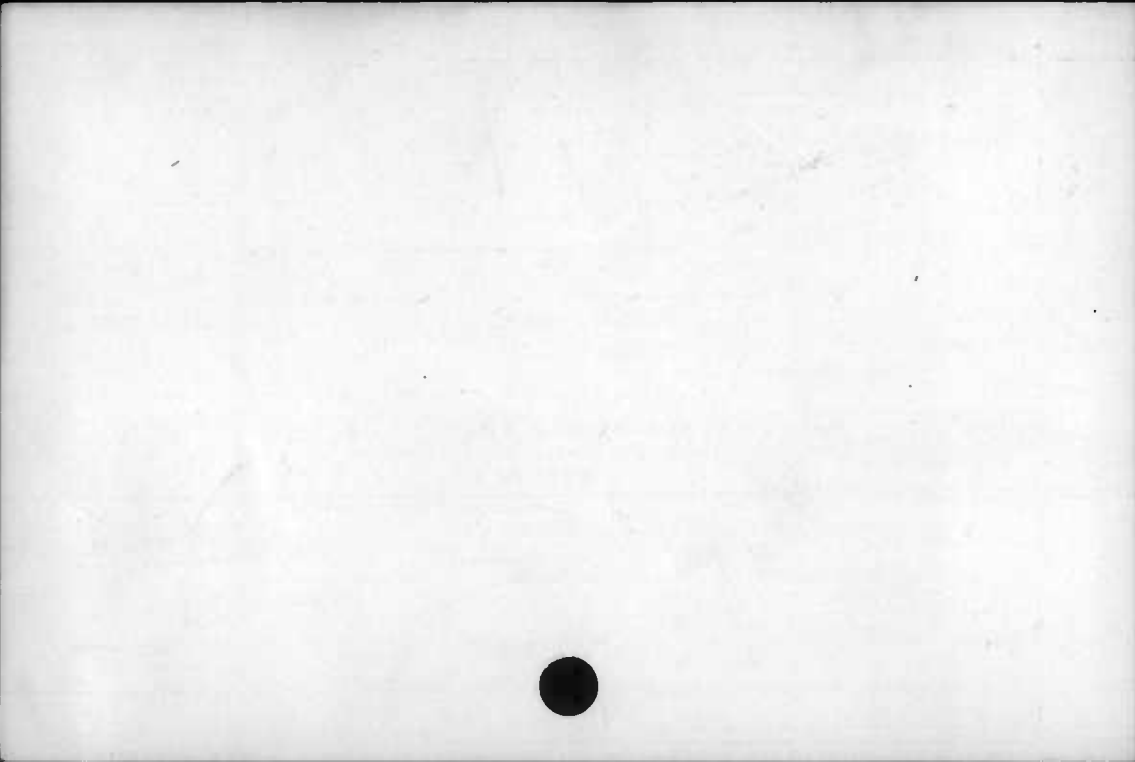
MARYLAND

Date of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 31 <sup>Years</sup> 38 <sup>Months</sup> 3 <sup>Days</sup> 20Sex Female Color or Race white Birth-place Paris KentuckyOccupation House Where Residing if not at place of death XMarried, Single or Widowed Single Name of Wife or Husband XFather's Name John Kingdon Father's Birthplace Kingston JamaicaMother's Maiden Name Apples - Alverda G. Mother's Birthplace Balto. Md.Name of person giving information Miss Belle Kingdon How related to deceased Sister

## CAUSES OF DEATH

74

Primary Pericardial Prostatectomy How long 6 mosImmediate Exhaustion How long —Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician J M Lee ThiamAddress Rockville MdAccident or Suicide? noTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*George H. Kinslow*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glenn Echo</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>Labrer</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Ann Kinslow</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>George A. Kinslow</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur M. Ray</i>
	Address <i>Ann Arbor Mich</i>
Accident or Suicide? <i></i>	

$$\begin{array}{r} 46 \\ 46 \\ \hline 92 \\ 920 \end{array}$$

Name  
in  
Full

Rebecca Seigear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

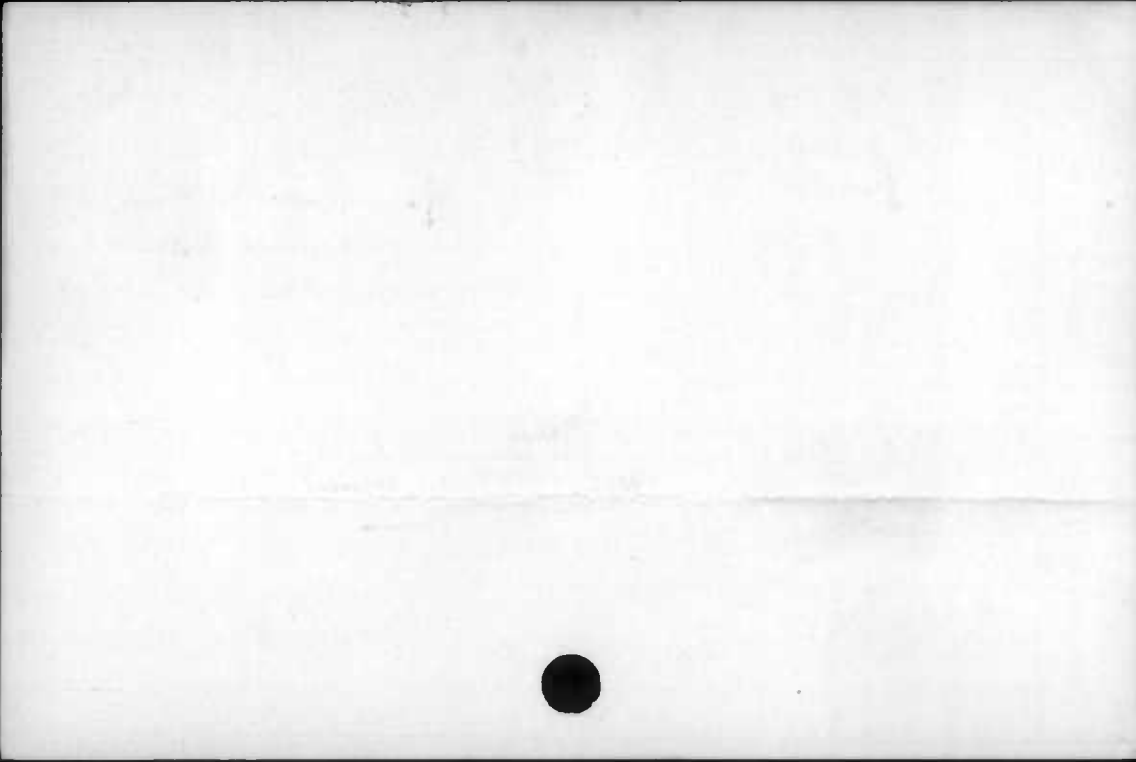
Died at <i>Ednor</i> Town		County <i>Mont</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Montg. Co Md</i>		
Occupation <i>Invalid</i>		Where Residing if not at place of death <i>Geo. Seigear</i>			
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>Geo. Seigear</i>			
Father's Name <i>William Hinton</i>		Father's Birthplace <i>Montg. Co Md</i>			
Mother's Name <i>Anna Seigear</i>		Mother's Birthplace <i>Montg. Co Md</i>			
Name of person giving information <i>W. P. Seigear</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

20

PHYSICIAN  
OR CORONER

Primary <i>Blood Poison</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Dalton</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	



Name  
in  
Full

Mary V. Mackall

## CERTIFICATE OF DEATH

Died at <i>Near Army</i> <sup>Town</sup>		<i>Montg.</i> <sup>County</sup>		MARYLAND	
Date of death 1908	Month 12	Day 17	Years 64	Months 5	Days 24
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Married, <del>Single</del> <i>Married</i>	Occupation <i>Housewife</i>				
Name of <del>Wife</del> <i>Richard Mackall</i>	Husband				
Father's Name <i>Thos. B. Sutor</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Scott</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving Information <i>Richard Mackall</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

64

Primary	How long
Immediate <i>Cerebral Apoplexy</i>	How long <i>Instantaneous Death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Green, M.D.</i>
	Address <i>Brookville, Md.</i>
Accident or Suicide?	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
SIGNATURE





Name  
in  
Full

Unnamed - Stillborn Brother

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brooksville* Town

County

*Montgomery*

Date of death

Month

Day

Years

Months

Days

*1908 Dec**12*

Age

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Brooksville*

Occupation

*None*Where Residing if not  
at place of death*" "*Married, Single  
or WidowedName of Wife or  
Husband*Not any*Father's  
Name*Richard Brothers*Father's  
Birthplace*md*Mother's  
Maiden Name*Brotha Draper*Mother's  
Birthplace*md*Name of person giving  
Information*Richard Brothers*How related  
to deceased*brother*

## CAUSES OF DEATH

Primary

*Unknown*

How long

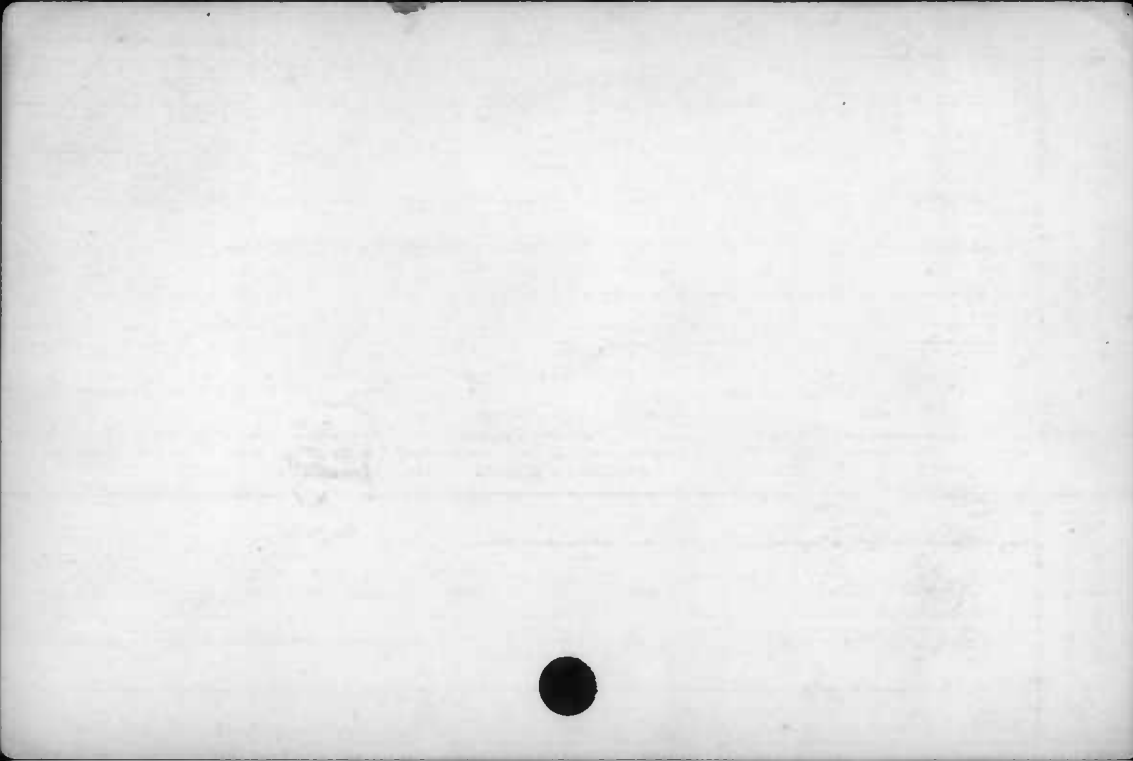
Immediate

*" "*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E W White*

Address

*Brooksville  
md.*

Accident or Suicide?



Name  
in  
Full

Mairion Alberta Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town POTOMAC		County MONTGOMERY		MARYLAND	
Date of death		1906	Month Dec	Day 23	Age	59	Months 11
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		FRED CO. MD.	
Where Residing if not at place of death		X					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Thomas Sullivan	
Father's Name		Albert Healin		Father's Birthplace		Montg Co. Md.	
Mother's Maiden Name		Liddia O'Connell		Mother's Birthplace		Montg Co. Md.	
Name of person giving Information		Clarence Creamer		How related to deceased		Nephew	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Cause Chronic interstitial Nephritis		How long Just discovered about 1907	
Immediate Cause Valvular Heart Lesions		How long Six months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. J. Frost	
Address		Rockville Md.	
Accident or Suicide		X	

RFD #2



Name  
in  
Full


## CERTIFICATE OF DEATH

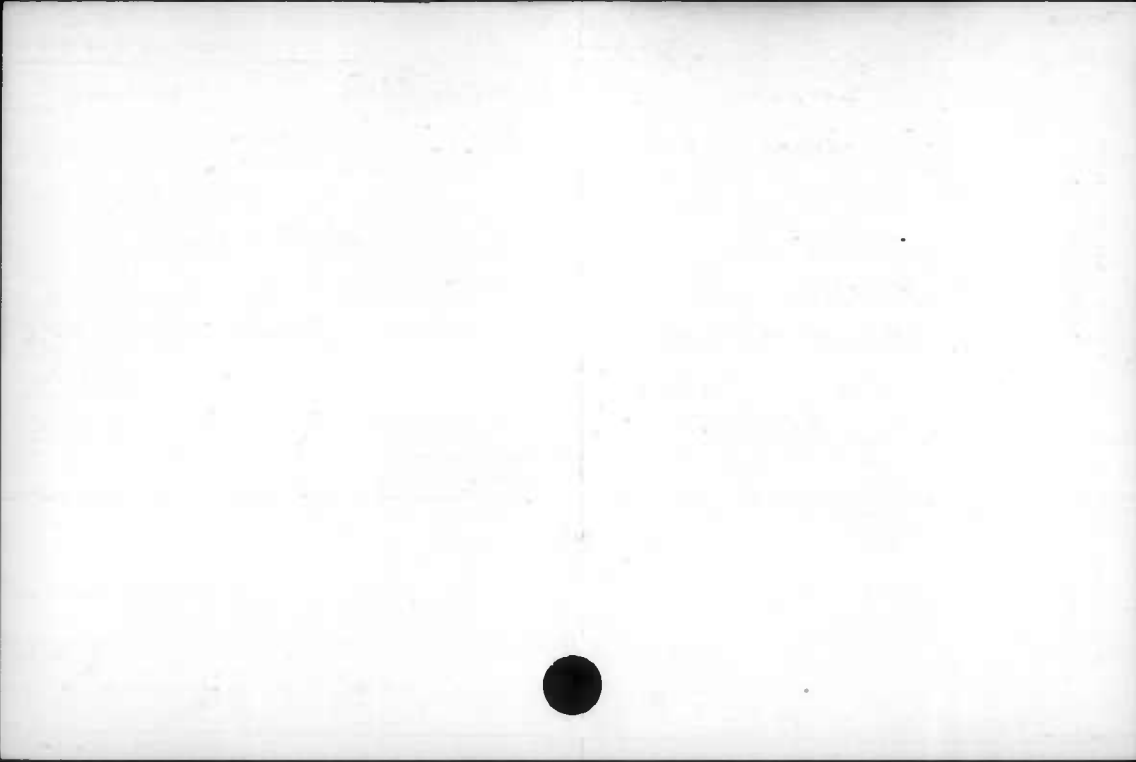
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Thomas</i>		Town <i>Kensington</i>		County <i>mm 199</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>12</i>		Years <i>105</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>none</i>		Where Reaiding if not at place of dasth <i>same</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Amos Thomas</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Richard Davis</i>		How related to deceased <i>son in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>	
Immediate <i>Senility</i>	How long <i>several yrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Davis</i>
		Address <i>Kensington Md</i>
Accident or Suicida <i>no</i>		



Name  
in  
Full

Edward Warren

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death	1908	Month 12	Day 27	Age 52	Years	Months	Days
Sex	Male		Color or Race	Colored		Birth- place	Ind
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Beulah Warren				
Father's Name	Anderson					Father's Birthplace	Anderson
Mother's Maiden Name	Anderson					Mother's Birthplace	Anderson
Name of person giving information	Both Maggie Brown					How related to deceased	Daughter

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	3 mos
Immediate	Uremia	How long	2 1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Smith
		Address	Rockville Ind
Accident or Suicide?		X	





Name  
in  
Full

Still Born Washington

## CERTIFICATE OF DEATH

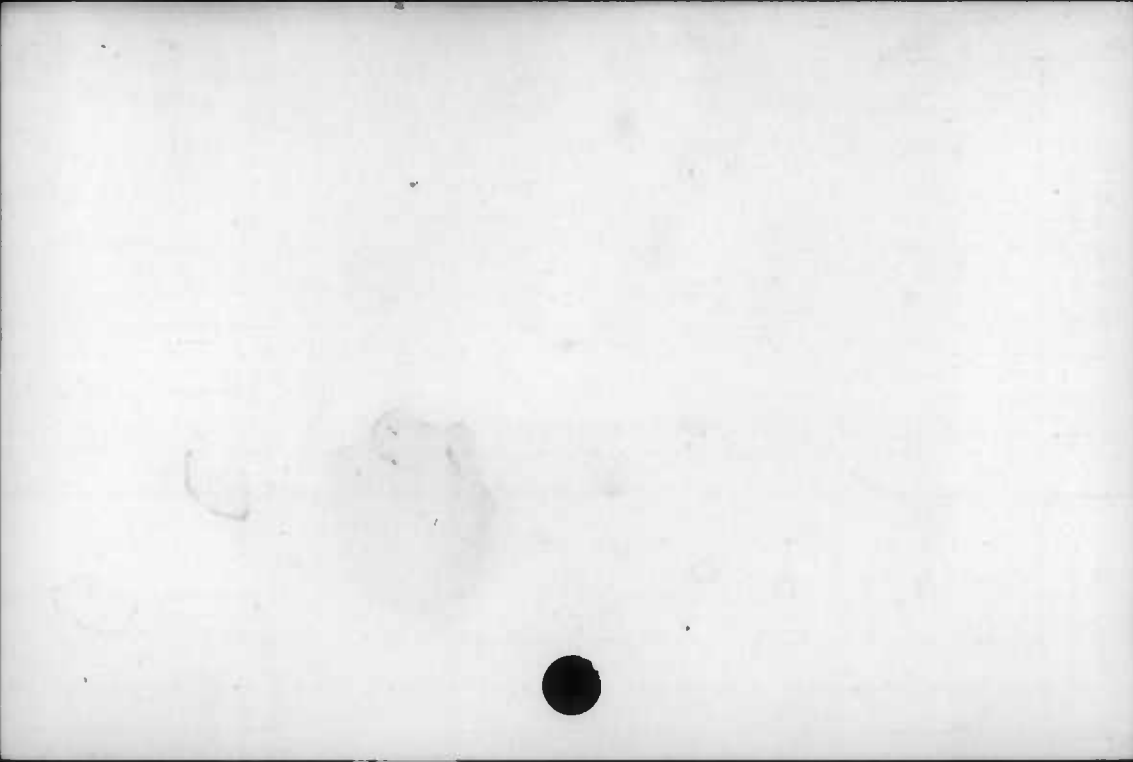
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laytonville</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>26</u>	Age <u>    </u>	Months <u>    </u>	Days <u>    </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Laytonville</u>		
Occupation <u>    </u>			Where Residing if not at place of death <u>    </u>		
Married, Single or Widowed <u>    </u>			Name of Wife or Husband <u>    </u>		
Father's Name <u>Link Washington</u>			Father's Birthplace <u>Montgomery Co</u>		
Mother's Maiden Name <u>Clara Lee</u>			Mother's Birthplace <u>Montgomery Co</u>		
Name of person giving information <u>Samuel Bright</u>			How related to deceased <u>Cousin</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Born Dead</u>	How long <u>    </u>
Immediate <u>    </u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J H Dyson</u>
	Address <u>Laytonville</u>
	<u>Montgomery Co</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
*Webster*  
*Linden*

County

*Montgomery*

MARYLAND

Date

of death 190 8

Month

12

Day

12

Age

Years

Months

Days

Sex

*F.*Color or  
Race*B.*Birth-  
place*Linden, Md.*

Occupation

Where Residing if not  
at place of death~~Married~~, Single  
~~or Widowed~~Name of Wife or  
HusbandFather's  
Name*Jno. Webster*Father's  
Birthplace*Va.*Mother's  
Maiden Name*Rebecca Webster.*Mother's  
Birthplace*Va.*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

179

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*G. H. Wright*

Address

*Forest Glen.*

Accident or Suicide

PHYSICIAN  
OR CORONER

1911  
1912  
1913



Name  
in  
Full

CERTIFICATE OF DEATH

*Cynthia Williams*

Died at *Brooksville* <sup>Town</sup>

*Montgomery* <sup>County</sup>

MARYLAND

Date  
of death *1908*

Month  
*Dec.*

Day  
*8*

Age  
*70*

Months  
—

Days  
—

Sex *Female*

Color or  
Race *Colored*

Birth-  
place *Montg. Co.*

Occupation  
*Cook*

Where Residing if not  
at place of death

Married, Single  
or Widowed *Married*

Name of ~~Wife or~~  
Husband *William Williams*

Father's  
Name *Unknown*

Father's  
Birthplace *Unknown*

Mother's  
Maiden Name *Unknown*

Mother's  
Birthplace *Unknown*

Name of person giving  
in formation *Wm. G. Hazlett*

How related  
to deceased *Son*

CAUSES OF DEATH

**48**

Primary *Rheumatism, Heart Failure.*

How long  
*6 months*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*Dr. W. F. Green*

Address

*Brooksville,*

*Fla.*

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

